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CONFIRMATION NO. 4877

<b>SERIAL NUMBER</b> 10/532,667	<b>FILING OR 371(c) DATE</b> 04/27/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 2005_0727A
<b>APPLICANTS</b> Yu Momose, Osaka-shi, Osaka, JAPAN; Nozomu Sakai, Osaka-shi, Osaka, JAPAN; Tsuyoshi Maekawa, Osaka-shi, Osaka, JAPAN; Masatoshi Hazama, Osaka-shi, Osaka, JAPAN; Toru Kawamura, Osaka-shi, Osaka, JAPAN; Misayo Sera, Osaka-shi, Osaka, JAPAN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP03/13901 10/30/2003				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2002-320153 11/01/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 26
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 11		
<b>ADDRESS</b> 513				
<b>TITLE</b> Agent for preventing or treating neuropathy				
<b>FILING FEE RECEIVED</b> 3550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	